



# ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

## PROCUREMENT INFORMATION

**RFP Number:** 2009-100-10

**RFP Title:** *Mother and Infant Services*

**Proposal Due Date and Time:**

*Tuesday, August 25, 2009  
12:00 p.m., Central Time*

**Issuing Division:**

*Family Services*

## VENDOR INFORMATION

(Fill in the information fields below and return this form with original proposal)

**Vendor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Authorized Signatory:** \_\_\_\_\_

**Female** ☐

**Age:** \_\_\_\_\_ **years**

**Number of Slots:** \_\_\_\_\_

**Rate: \$** \_\_\_\_\_

**DHR Child Placing Agency License** ☐ **Application** ☐ **or Residential Child Care Facility License** ☐  
**Application** ☐

**504 Assurance of Compliance (attach a copy)** ☐